

**FOR COUNTY USE ONLY**

County of San Bernardino

F A S**STANDARD CONTRACT**

<input checked="" type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Cancel	Vendor Code			SC	Dent.	A	Contract Number 03-449 A-1		
County Department Arrowhead Regional Medical Center					Dept.	Orgn.	Contractor's License No.		
County Department Contract Representative Margaret Smith, HRO II					Telephone 580-1320		Total Contract Amount Varies		
Contract Type <input type="checkbox"/> Revenue <input type="checkbox"/> Encumbered <input checked="" type="checkbox"/> Unencumbered <input type="checkbox"/> Other:									
If not encumbered or revenue contract type, provide reason: <u>Employment Contract</u>									
Commodity Code			Contract Start Date		Contract End Date		Original Amount		Amendment Amount
Fund EAD	Dept. MCR	Organization MCR	Appr. 200	Obj/Rev Source 2445		GRC/PROJ/JOB No.		Amount	
Fund	Dept.	Organization	Appr.	Obj/Rev Source		GRC/PROJ/JOB No.		Amount	
Fund	Dept.	Organization	Appr.	Obj/Rev Source		GRC/PROJ/JOB No.		Amount	
Project Name <u>Neurosurgery</u> <u>Resident Amendment</u>				Estimated Payment Total by Fiscal Year					
				FY	Amount	I/D	FY	Amount	I/D

THIS CONTRACT is entered into in the State of California by and between the County of San Bernardino, hereinafter called the County, and

Name

Address

Telephone

Federal ID No. or Social Security No.

Hereinafter called Resident**IT IS HEREBY AGREED AS FOLLOWS:**

(Use space below and additional bond sheets. Set forth service to be rendered, amount to be paid, manner of payment, time for performance or completion, determination of satisfactory performance and cause for termination, other terms and conditions, and attach plans, specifications, and addenda, if any.)

AMENDMENT 1

Amend Master Employment Agreement No. 03-449 in the following manner:

1. **DELETE** ATTACHMENT II, Consideration and Contract Commencement, and **ADD** a new ATTACHMENT II, Consideration and Contract Commencement as attached

2. All other terms and conditions of Master Employment Agreement No. 03-449 remain in full force and effect.

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COUNTY OF SAN BERNARDINO

Dated: _____

Address: _____

Department Head

Date _____

Date _____

Date _____

Auditor/Controller-Recorder Use Only

<input type="checkbox"/> Contract Database	<input type="checkbox"/> FAS
Input Date	Keyed By

ATTACHMENT II

Consideration and Contract Commencement

Family Medicine

Post Graduate Year One	\$32,481	June 24, 2003- June 23, 2004
Post Graduate Year Two	\$37,528	July 1, 2003- June 30, 2004
Post Graduate Year Three	\$42,347	July 1, 2003- June 30, 2004
Associate Chief Resident	\$45,347	July 1, 2003- June 30, 2004
Chief Resident	\$47,347	July 1, 2003- June 30, 2004

General Surgery/Neurosurgery

Post Graduate Year One	\$32,481	July 1, 2003- June 30, 2004
Post Graduate Year Two	\$37,528	July 1, 2003- June 30, 2004
Post Graduate Year Three	\$42,347	July 1, 2003- June 30, 2004
Post Graduate Year Four	\$47,347	July 1, 2003- June 30, 2004
Post Graduate Year Five	\$52,347	July 1, 2003- June 30, 2004
Chief Resident	\$57,347	July 1, 2003- June 30, 2004

Geriatric Medicine

Fellow	\$47,347	July 1, 2003- June 30, 2004
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Transitional Year

Post Graduate Year One	\$32,481	June 24, 2003- June 23, 2004
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Women's Health

Post Graduate Year One	\$32,481	June 24, 2003- June 23, 2004
Post Graduate Year Two	\$37,528	July 1, 2003- June 30, 2004
Post Graduate Year Three	\$42,347	July 1, 2003- June 30, 2004
Chief Resident/PGY IV	\$47,347	July 1, 2003- June 30, 2004
Fellows	\$47,347	July 1, 2003- June 30, 2004